

SUMMONS IN A CIVIL ACTION**UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF MICHIGAN**

BERNARD MULDER

Case No. 16-cv-1451

Hon. Janet T. Neff

v.

TO: Local 705, International Brotherhood of Teamsters
 ADDRESS: Pension Fund
 Jack F. Witt, Fund Administrator
 1645 W Jackson Blvd., 7th Floor
 Chicago, IL 60612

LOCAL 705, INTERNATIONAL BROTHERHOOD OF
 TEAMSTERS, PENSION FUND

A lawsuit has been filed against you.

YOU ARE HEREBY SUMMONED and required to serve upon plaintiff, an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure within 21 days after service of this summons on you (not counting the day you received it). If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You must also file your answer or motion with the Court.

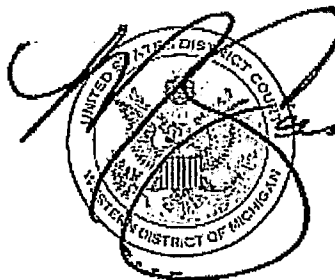
The Court has offices in the following locations:

399 Federal Building, 110 Michigan St., NW, Grand Rapids, MI 49503
 P.O. Box 698, 314 Federal Building, Marquette, MI 49855
 107 Federal Building, 410 W. Michigan Ave., Kalamazoo, MI 49007
 113 Federal Building, 315 W. Allegan, Lansing, MI 48933

PLAINTIFF OR PLAINTIFF'S ATTORNEY NAME AND ADDRESS

Mark S. Allard (P38164)
 VARNUM, LLP
 333 Bridge Street N.W., Suite 1700
 Grand Rapids, MI 49504

CLERK OF COURT



December 27, 2016

By: Deputy Clerk

Date

PROOF OF SERVICE

This summons for Local 705, International Brotherhood of Teamsters was received by me on 01/03/2017.
(name of individual and title, if any) (date)
Pension Fund, Jack F. Witt, Fund Administrator

☐ I personally served the summons on the individual at _____
(place where served)
 on _____
(date)

☐ I left the summons at the individual's residence or usual place of abode with _____, a person
(name)
 of suitable age and discretion who resides there, on _____, and mailed a copy to the individual's last known address.
(date)

☐ I served the summons on _____, who is designated by law to accept service
(name of individual)
 of process on behalf of _____ on _____
(name of organization) (date)

☐ I returned the summons unexecuted because _____

☒ Other *(specify)* served by certified mail, return receipt requested (attached) on 01/03/2017.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under the penalty of perjury that this information is true.

Date: 01/09/2017

Additional information regarding attempted service, etc.:

Susan M. Nawara
Server's signature

Susan M. Nawara, Legal Secretary

Varnum, LLP Server's printed name and title

333 Bridge Street, NW, Suite 1700

Grand Rapids, MI 49504

(616) 336-6000

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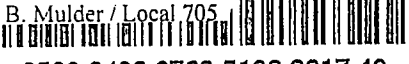
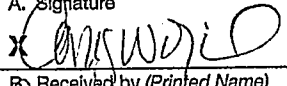
Extra Services & Fees (check box, fee as applicable)
☐ Return Receipt (hardcopy)
☐ Return Receipt (electronic)
☐ Certified Mail Restricted Delivery
☐ Adult Signature Required
☐ Adult Signature Restricted Delivery

Postage \$

Total Postage and Fees \$

Sent To Jack Witt Re: B. Mulder
 Street and Apt. No., or PO Box No.
Local 705
 City, State, ZIP+4®
Chicago, IL

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: MR JACK F WITT FUND ADMINISTRATOR LOCAL 705 INTERNAT'L BROTHERHOOD OF TEAMSTERS, PENSION FUND 1645 W JACKSON BLVD 7TH FLOOR CHICAGO IL 60612</p> <p>Re: B. Mulder / Local 705  9590 9403 0728 5196 2917 40</p> <p>2. Article Number (Transfer from service label) 7016 1970 0000 4031 3853</p>		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Amy Wopiechowski</u></p> <p>C. Date of Delivery <u>11/3/17</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

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